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DIVISION OF PUBLIC HEALTH

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CACFP 17-01

Memorandum

To: Institutions Participating in the Child and Adult Care Food Program

From: Arnette Cowan, Head 
Special Nutrition Programs

Subject: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers

The purpose of this memorandum is to provide guidance on feeding infants and the infant meal pattern requirements in the Child and Adult Care Food Program (CACFP) and includes Questions and Answers in the Attachment. This revision updates the required storage temperature for breastmilk to be consistent with the American Academy of Pediatrics' and the Centers for Disease Control and Prevention's recommendations, provides clarification on documenting meals when a mother breastfeeds on-site, and includes new Questions and Answers. This memorandum supersedes CACFP 16-17: *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers*, October 10, 2016.

Background

The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296, amended section 17 of the Richard B. Russell National School Lunch Act (NSLA), 42 U.S.C. 1766(g), to require the U.S. Department of Agriculture (USDA) to update the CACFP meal pattern requirements to make them more consistent with (a) the most recent version of the Dietary Guidelines for Americans, (b) the most recent relevant nutrition science, and (c) appropriate authoritative scientific agency and organization recommendations. On April 25, 2016, USDA's Food and Nutrition Service (FNS) published the final rule "Child and Adult Care Food Program: Meal

Pattern Revisions Related to the Healthy, Hunger-Free Kids Act.” This final rule amended CACFP regulations at 7 CFR 226.20 to update the meal pattern requirements.

When developing the updated infant meal patterns, FNS relied on recommendations from the American Academy of Pediatrics (AAP), the leading authority for children’s developmental and nutritional needs from birth through 23 months, because the Dietary Guidelines do not currently provide recommendations for children under two years old. This memorandum outlines infant feeding requirements in the CACFP and explains the updated infant meal pattern requirements established in the final rule, including when solid foods must be served.

I. OFFERING INFANT MEALS

Infants enrolled for care at a participating CACFP center or day care home must be offered a meal that complies with the CACFP infant meal pattern requirements (7 CFR 226.20(b)). CACFP regulations define an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicated that the child is enrolled in child care” (7 CFR 226.2). A center or day care home may not avoid this obligation by stating that the infant is not “enrolled” in the CACFP, or by citing logistical or cost barriers to offering infant meals. Decisions on offering Program meals must be based on whether the infant is enrolled for care in a participating CACFP center or day care home, not if the infant is enrolled in the CACFP.

Infants do not eat on a strict meal schedule. Instead, infants must be fed during a span of time that is consistent with the infant’s eating habits. To learn more about hunger and satiety cues, see *Feeding Infants: A Guide for Use in the Child Nutrition Programs* available at <http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>. This Feeding Infants Guide is being revised to reflect the updated CACFP infant meal patterns. Infant meals must not be disallowed due solely to the fact that they are not served within the center or day care home’s established meal time periods.

Creditable Infant Formulas

As part of offering a meal that is compliant with the CACFP infant meal pattern requirements, centers and day care homes with infants in their care must offer at least one type of iron-fortified infant formula (7 CFR 226.20(b)(2)). The Food and Drug Administration (FDA) defines iron-fortified infant formula as a product “which contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption” (21 CFR 107.10(b)(4)(i)). The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the Nutrition Facts Label of infant formulas.

Previously, FNS provided a list of *Iron-Fortified Infant Formulas That Do Not Require a Medical Statement*. FNS no longer maintains such a list due to the continuous development of new or re-formulated infant formula products making an accurate, all-inclusive list impractical. Instead, the following criteria may be used to determine whether a formula is eligible for reimbursement:

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3. More information and a list of FDA Exempt Infant Formulas can be found at:

<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.htm>.

2. Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.
3. Use the Nutrition Facts Label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product’s nutrition facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.

Additionally, to be creditable for reimbursement, infant formula must meet the definition of an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z))¹ and meet the requirements for an infant formula under section 412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a)² and the regulations at 21 CFR parts 106 and 107³. Requiring an infant formula to be compliant with the FDA regulatory standards on infant formula is consistent with the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) infant formula requirements. It also ensures that all infant formulas served in the CACFP meet nutrient specifications and safety requirements. If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA. Infant formulas that are not regulated by FDA are not creditable in the CACFP.

Formulas classified as Exempt Infant Formulas by FDA may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported with a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file by the center or day care home. For more information on who may sign a medical statement for meal modifications due to a disability, see SP 32-2015, SFSP 15-2015, CACFP 13-2015: *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs*, available at <http://www.fns.usda.gov/statements-supporting-accommodations-children-disabilities-cnp>.

State agencies should contact their FNS Regional Office when they are uncertain of the creditability of an infant formula.

II. PARENT OR GUARDIAN PROVIDED BREASTMILK OR FORMULA

An infant’s parent or guardian may, at their discretion, decline the infant formula offered by the center or day care home and provide expressed breastmilk or a creditable infant formula instead. Meals containing parent or guardian provided expressed breastmilk or creditable infant formula that are served to the infant by the child care provider are eligible for reimbursement, including meals when an infant is only consuming breastmilk or infant formula. Additionally, in recognition of the numerous benefits of breastfeeding and that the AAP recommends breastmilk as the optimal source of nutrients through the first year of life, centers and day care homes may

¹ Section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)): <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapII-sec321.pdf>

² Section 412 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 350a): <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapIV-sec350a.pdf>

³ 21 CFR parts 106 and 107: <http://www.ecfr.gov/cgi-bin/text-idx?gp=&SID=39344f21c8c795a9fc3f485db0aefeb9&mc=true&tpl=/ecfrbrowse/Title21/21C1subchapB.tpl>

claim reimbursement of meals when a mother directly breastfeeds her infant at the center or day care home under the updated infant meal patterns. This includes meals when an infant is only consuming breastmilk. This added flexibility in the updated infant meal patterns becomes effective October 1, 2017 and is consistent with other FNS efforts, such as in WIC, to support and encourage breastfeeding. Therefore, starting October 1, 2017, meals where a mother directly breastfeeds her infant on-site, are eligible for reimbursement.

State agencies have the discretion to begin allowing reimbursement of meals where a mother breastfeeds on-site prior to October 1, 2017. Please see memorandum SP 42-2016, CACFP 14-2016: *Early Implementation of the Child and Adult Care Food Program Meal Patterns* (http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf) for more information. While centers and day care homes must document what foods an infant is served, there is no Federal requirement to document the delivery method for breastmilk (e.g., if it was served in a bottle by the day care provider or if the mother breastfed on-site). However, while not required, indicating that an infant was breastfed on-site would be an acceptable way of documenting that the infant consumed breastmilk. Additionally, centers and day care homes do not need to quantify and record the amount of breastmilk a mother directly breastfeeds her infant.

When a parent or guardian chooses to provide breastmilk (expressed breastmilk or by directly breastfeeding on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all the other required meal components in order for the meal to be reimbursable.

Expressed Breastmilk Storage

In the *Pediatric Nutrition Handbook, 7th Edition*, the AAP recommends an optimal storage time of 72 hours for refrigerated expressed breastmilk. Accordingly, to follow current scientific recommendations, breastmilk may be stored at the center or day care home in a refrigerator for no longer than 72 hours. The previously established standard was 48 hours from the time it was collected. FNS made this change via policy guidance in 2015 to support breastfeeding practices and increase flexibility for centers and day care homes. Bottles of expressed breastmilk must be stored in a refrigerator kept at 40° Fahrenheit (4.4° Celsius) or below. This is consistent with recommendations from the AAP and the Centers for Disease Control and Prevention. Centers and day care homes should continue to follow all other breastmilk handling and storage guidelines listed in *Feeding Infants: A Guide for Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

III. SOLID FOODS (COMPLEMENTARY FOODS)

The updated CACFP infant meal pattern includes two infant age groups: birth through the end of 5 months and the beginning of 6 months through the end of 11 months. These updated infant age groups are consistent with the infant age groups in the WIC program. In addition, the updated infant age groups will help delay the introduction of solid foods until around 6 months of age. It is important to delay the introduction of solid foods until around 6 months of age as most infants are typically not physiologically developed to consume solid foods until midway through the first year of life. According to the AAP, 6 to 8 months of age is often referred to as a critical window for initiating the introduction of solid foods to infants. In addition, by 7 to 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy).

Starting October 1, 2017, solid foods must be served to infants around 6 months of age, as it is developmentally appropriate for the infant. Once an infant is developmentally ready to accept solid foods, the center or day care home is required to offer them to the infant. FNS recognizes, though, that solid foods are introduced gradually, new foods may be introduced one at a time over the course of a few days, and an infant's eating patterns may change. For example, an infant may eat a cracker one week and not the next week. Centers and day care homes must follow the eating habits of infants. Meals should not be disallowed simply because one food was offered one day and not the next if it is consistent with the infant's eating habits. In addition, solid foods served to infants must be of a texture and consistency that is appropriate for the age and development of the infant being fed.

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development. Centers and day care homes should be in constant communication with infants' parents or guardians about when and what solid foods should be served while the infant is in care. As a best practice, FNS recommends that parents or guardians request in writing when a center or day care home should start serving solid foods to their infant. When talking with parents or guardians about when to serve solid foods to infants in care, the following guidelines from the AAP can help determine if an infant is developmentally ready to begin eating solid foods:

- The infant is able to sit in a high chair, feeding seat, or infant seat with good head control;
- The infant opens his or her mouth when food comes his or her way. He or she may watch others eat, reach for food, and seem eager to be fed;
- The infant can move food from a spoon into his or her throat; and
- The infant has doubled his or her weight and weighs about 13 pounds or more.

Allowing solid foods to be served when the infant is developmentally ready (around 6 months of age) better accommodates infants' varying rates of development and allows centers and day care homes to work together with the infant's parents or guardians to determine when solid foods should be served. For more information and best practices on serving solid foods to infants, please see *Feeding Infants: A Guide for Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

Vegetables and Fruits

The primary goal of updating the CACFP meal patterns was to help children establish healthy eating patterns at an early age. Offering a variety of nutrient dense foods, including vegetables and fruits (cooked, mashed, pureed, or small diced as needed to obtain the appropriate texture and consistency), can help promote good nutritional status in infants. Additionally, the AAP recommends infants consume more vegetables and fruits. Vegetables and fruits are already required at breakfast, lunch, and supper meals for infants that are developmentally ready to accept them (around 6 months of age). Therefore, starting October 1, 2017, to further help increase infants exposure of and consumption of vegetables and fruits, the updated meal patterns requires vegetables and fruits to be served at snack for infants that are developmentally ready to accept them. In addition, juice can no longer be claimed for reimbursement for meals served to infants of any age starting October 1, 2017.

Grains

To provide greater flexibility to the menu planner, the updated infant meal pattern allows ready-to-eat cereals to be served at snack for infants that are developmentally ready to accept them. All ready-to-eat cereals served to infants are subject to the same sugar limit as breakfast cereals served to children and adults in the CACFP that begin October 1, 2017. This means, ready-to-eat cereals served to infants at snack must contain no more than 6 grams of sugar per dry ounce. For more information on the breakfast cereal sugar limit, please see memorandum CACFP 02-2017: *Grain Requirements in the Child and Adult Care Food Program; Questions and Answers* (<http://www.fns.usda.gov/sites/default/files/cacfp/CACFP02-2017os.pdf>).

This flexibility to serve ready-to-eat cereals at infant snacks goes into effect October 1, 2017. However, State agencies have the discretion to begin allowing reimbursement of infant snacks with ready-to-eat cereals prior to October 1, 2017. Please see memorandum SP 42-2016, CACFP 14-2016: *Early Implementation of the Child and Adult Care Food Program Meal Patterns* (http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf) for more information.

Meat and Meat Alternates

Meat and meat alternates are good sources of protein and provide essential nutrients for growing infants, such as iron and zinc. FNS acknowledges that yogurt is often served to infants as they are developmentally ready. In recognition of this, the updated infant meal pattern allows yogurt as a meat alternate for older infants that are developmentally ready to accept them. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces starting October 1, 2017. In addition, the updated infant meal pattern no longer allows cheese food or cheese spread as reimbursable meat alternates. This is due to their higher sodium content, and the AAP recommends caregivers choose products lower in sodium.

The updated infant meal patterns allow whole eggs as meat alternates. Previously, only egg yolks were creditable in the infant meal pattern because there were concerns with developing food allergies when infants are exposed to the protein in the egg white. However, the AAP recently concluded that there is no convincing evidence to delay the introduction of foods that are considered major food allergens, such as eggs.

Crediting yogurt and whole eggs as meat alternates and the disallowance of cheese food and cheese spread in the infant meal patterns goes into effect October 1, 2017. State agencies, though, have the option to reimburse infant meals with yogurt and whole egg prior to October 1, 2017. Please see memorandum SP 42-2016, CACFP 14-2016: *Early Implementation of the Child and Adult Care Food Program Meal Patterns* (http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf) for more information.

DHA Enriched Infant Foods

Docosahexaenoic acid, known as DHA, is an omega-3 fatty acid that may be added to infant formulas and infant foods. While more research on the benefits of DHA and ARA (arachidonic acid, an omega-6 fatty acid) is needed, some studies suggest they may have positive effects on visual function and neural development.

Previously, the service of any infant foods containing DHA was prohibited in CACFP due to the concern that the source of DHA in infant foods, such as egg yolk, and other ingredients, additives, or extenders in those foods may result in a food sensitivity or a food allergy (CACFP memorandum *Baby Foods and Vegetables with DHA*, December 19, 2002). However, as stated in the section above, there is no current convincing evidence to warrant delaying the introduction of foods considered to be major food allergens. Therefore, FNS issued guidance in 2015 allowing single-component infant foods containing DHA to be creditable in the CACFP infant meal pattern. Infant foods containing DHA may be served and claimed for reimbursement, as long as they meet all other crediting requirements.

IV. SUMMARY OF IMPLEMENTATION DATES

Implementation Date	Requirement
In Effect	<ul style="list-style-type: none"> • Infant formula must be iron-fortified and regulated by FDA • Reimbursement of meals with parent or guardian provided expressed breastmilk or a creditable infant formula • Breastmilk may be stored in a refrigerator at a center or day care home (at 40° F or below) for no longer than 72 hours • Infant foods containing DHA are reimbursable
Effective October 1, 2017	<ul style="list-style-type: none"> • Reimbursement of meals when a mother breastfeeds her infant on-site • Yogurt and whole eggs are allowable meat alternates • Ready-to-eat cereals may be served at snack • Vegetables and fruits must be served at snack for infants that are developmentally ready to accept them (around 6 months of age) • Juice is not allowed as part of a reimbursable infant meal

Please see memorandum CACFP 16-06: *Early Implementation of the Child and Adult Care Food Program Meal Patterns* (http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf) for information on implementing the updated meal pattern requirements prior to October 1, 2017. FNS supports implementing the updated meal patterns, including allowing reimbursement of meals when a mother directly breastfeeds on-site, as soon as possible because it will greatly benefit participating infants, children and adults.

If you have questions, please contact the State agency employee assigned to your region.

c: SNP Staff

Attachment

Questions and Answers

New or updated questions are preceded by three asterisks (***)

I. GENERAL QUESTIONS

1. *****What does it mean to feed an infant in a way that is “consistent with the infant’s eating habits?”**

CACFP centers and day care homes must offer all infants in their care meals that comply with the infant meal pattern requirements (7 CFR 226.20(b)). However, infants do not eat on a strict schedule so it is best to watch the infant for hunger cues, and not the clock. Along with watching for hunger cues, child care providers should watch for satiety cues to know when the infant is full. As long as all the required food components are offered over the course of the day, the meals may be reimbursable. Infant meals must not be disallowed due solely to the fact that they are served outside of the established meal time periods.

For example, if an infant was breastfed at home right before arriving at the center or day care home, the infant may not be hungry for the breakfast meal when he or she first arrives. The center or day care home may offer the meal to the infant later in the morning when the infant is hungry and still claim it. Additionally, if an infant who is developmentally ready to eat pureed vegetables is not hungry for the pureed vegetables at lunch, then the pureed vegetables can be offered at another time during the day and the lunch meal may still be claimed for reimbursement. As a reminder, Program participants, including infants, do not need to consume the entire meal offered in order for the meal to be reimbursed.

2. **May a parent donate extra formula or food received through the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) to his or her infant’s center or day care home?**

A parent may provide one meal component for their own infant or infants, such as infant formula received through WIC. However, parents or guardians cannot donate formula or food they receive through WIC to the center or day care home for general use. Parents or guardians with formula or food received through WIC that their infant has not consumed should be referred back to their WIC program for guidance.

3. **Why are parents or guardians no longer allowed to provide the majority of the meal components for infants in the updated infant meal patterns?**

FNS made this change to help maintain the integrity of the CACFP. The previous infant meal pattern allows parents or guardians to supply all but one of the required components of a reimbursable meal. Under the updated infant meal patterns, starting October 1, 2017, parents or guardians may only supply one component of a reimbursable meal. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant’s dietary preferences. However, this change will help ensure that centers and day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

4. What meal components can a parent or guardian provide for their infants?

Parents or guardians may choose to provide one of the meal components in the updated CACFP infant meal patterns, as long as this is in compliance with local health codes.

A parent or guardian may choose to supply expressed breastmilk or a creditable infant formula, even when the infant is only consuming breastmilk or infant formula. And, starting October 1, 2017, a mother may directly breastfeed her infant on-site and the meal will be reimbursable.

If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breastmilk or a creditable infant formula or directly breastfeed on-site, then the center or day care home must provide all the other required meal components in order for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component if the infant is developmentally ready to consume solid foods. In this situation, the center or day care home must supply all the other required meal components, including iron-fortified infant formula.

State agencies and sponsoring organizations must ensure that the parent or guardian is truly choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce costs.

5. *An infant is breastfeeding and the parent wants the infant to be fed organic vegetables, but the food the day care home serves is not organic. Therefore, the parent decides to provide food for their infant while the infant is in care. Can the day care home claim those meals for reimbursement?**

No. This is because the parent is providing more than one meal component: breastmilk and solid foods. Under the updated infant meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

6. *How should centers and day care homes document infant menus when the items each infant eats varies so much?**

Centers and day care homes can have a standard menu for all the infants in their care and adapt the menu for each infant based on what each infant is offered. For example, a center could use a template that outlines the meal pattern requirements in one column and space in another column for the provider to fill-in what components are served to each infant. As a reminder, providers will need to vary the foods served to each infant based on the infant's developmental readiness. All infants must be served breastmilk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.

II. BREASTMILK AND INFANT FORMULA

1. Do CACFP infant formulas have to be approved by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

No. CACFP infant formulas do not have to be approved by WIC. WIC's infant formula requirements vary slightly from CACFP's, including a higher iron requirement (1.5 mg of iron per 100 calories). Therefore, some infant formulas that may be creditable in CACFP, such as infant formulas with 1 mg of iron per 100 calories, may not be eligible in WIC.

2. What is an “iron-fortified” infant formula?

The Food and Drug Administration considers an infant formula to be “iron-fortified” if it has 1 milligram of iron or more per 100 kilocalories. A “low-iron” infant formula has less than 1 milligram of iron per 100 kilocalories. The American Academy of Pediatrics recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. When an infant receives both breastmilk and formula, is the meal eligible for reimbursement?

Yes. Meals served to infants younger than 12 months of age may contain iron-fortified infant formula, breastmilk (including expressed breastmilk and a mother directly breastfeeding on-site), or a combination of both.

4. *How should meals be documented when a mother directly breastfeeds her infant on-site?**

There is great flexibility on how to document a meal when a mother directly breastfeeds her infant on-site. Centers and day care homes must document if the infant is served breastmilk or infant formula to demonstrate compliance with the meal pattern requirements. They do not need to document the delivery method of the breastmilk (e.g., directly breastfeed on-site or expressed breastmilk in a bottle).

When an infant is served expressed breastmilk or infant formula in a bottle the center or day care home must document the quantity of breastmilk or infant formula served to the infant. However, when an infant is breastfed on-site it is acceptable to simply indicate that the infant was breastfed on-site. In this situation, the quantity of breastmilk the infant is served cannot be determined and therefore does not need to be documented.

FNS strongly emphasizes that State agencies should not undertake any new paperwork requirements to ensure compliance with the updated infant meal patterns to avoid adding unnecessary administrative burdens to CACFP operators.

5. *If a center or day care home is unable to provide a private place for mothers to breastfeed and a mother chooses to breastfeed in her car, is that meal still reimbursable?**

Yes. Centers and day care homes are strongly encouraged, but not required, to offer a quiet, private area that is comfortable and sanitary for mothers who come to the center or day care home to breastfeed. However, if a mother chooses to breastfeed her infant in her car, on the grounds of the center or home, the meal could still be claimed for reimbursement. If the mother chooses to leave the premises to breastfeed her infant, the meal would not be reimbursable.

6. *Can a provider, or any other staff member of a child care center or day care home, breastfeed her own infant on-site and claim the meal for reimbursement? If yes, does the staff member have to be “on the clock”?**

A center or day care home provider, or any other staff member of a child care center or day care home, may breastfeed her infant on-site and the center or day care home may claim the meal for reimbursement if the infant is enrolled at the center or day care home. The provider or other staff member can breastfeed her infant while she is working, during a break, or during off-work hours.

Whether a provider or other staff member is “on the clock” when she breastfeeds her infant is a business decision to be made by the center or day care home. As long as the provider or staff member breastfeeds her infant on-site and the infant is enrolled for care, the meal can be claimed for reimbursement, including when she is working, on a break, or during off-work hours.

7. If an infant does not finish the required minimum serving size of expressed breastmilk or formula offered to him or her, is the meal still reimbursable?

Yes. As long as the infant is offered the minimum required serving size of expressed breastmilk or iron-fortified infant formula the meal is reimbursable. Infants do not eat on a strict schedule and should not be force fed. Infants need to be fed during a span of time that is consistent with the infant’s eating habits. Therefore, there may be times when an infant does not consume the entire serving size that is offered.

In particular, some infants that are regularly breastfed may consume less than the minimum serving size of breastmilk per feeding. In these situations, infants may be offered less than the minimum serving size of breastmilk and additional breastmilk must be offered at a later time if the infant will consume more (7 CFR 226.20(b)(2)(ii)). This flexibility encourages breastfeeding practices and helps prevent wasting expressed breastmilk.

8. If a physician or State recognized medical authority prescribes whole cow’s milk as a substitute for breastmilk or infant formula for an infant younger than 12 months of age, is the meal reimbursable?

For children younger than 12 months of age, cow’s milk may be served as a substitute for breastmilk and/or infant formula, and be part of a reimbursable meal, if the substitution is supported by a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement must explain the need for the substitution and must be kept on file by the center or day care home in order for the meal to be reimbursable.

FNS recognizes that infants have unique dietary needs and that decisions concerning diet during the first year of life are for the infant’s health care provider and parents or guardians to make together. In addition, FNS understands that a transition period is needed when infants are weaned from breastmilk or infant formula to cow’s milk. Therefore, a one month transition period is allowed for children 12 to 13 months of age. Please see question number 12 for more information.

9. If a mother breastfeeds her 13 month old, or older, child at the center or day care home, is the meal reimbursable?

Yes. Breastmilk is an allowable substitute for fluid milk for children of any age. Therefore, if a mother chooses to breastfeed her infant past 1 year of age she may breastfeed the child on-site or provide expressed breastmilk and the center or day care home may claim reimbursement for those meals.

10. *If a mother breastfeeds her 13 month old, or older, child at the center or day care home prior to or after a meal service, which meal is it counted towards?**

When a mother breastfeeds her 13 month old, or older, child on-site, the center or day care home should count it towards the meal that was closest to when the mother breastfed the child.

11. *Must a parent submit a written request to substitute breastmilk for fluid milk for children 1 year of age or older? Does it matter if the substituted breastmilk is expressed or breastfed?**

No. If a parent wants their child (one year old or older) to be served breastmilk in place of fluid milk a written request is not required. This is true no matter the delivery method. Therefore, a parent may provide expressed breastmilk for his or her child or a mother may breastfeed her child on-site and the parent does not need to provide a note.

12. *If a 1 year old child is still being breastfed and the mother is only able to provide 2 fluid ounces of expressed breastmilk, can 2 fluid ounces of whole unflavored milk be served as a supplement to meet the minimum milk requirement?**

Yes. If a mother chooses to breastfeed her 1 year old child the minimum fluid milk serving size still must be met. If a mother is unable to provide enough expressed breastmilk to meet the fluid milk requirement, then whole unflavored milk may be served alongside the breastmilk to the child to make up the difference and meet the minimum milk requirement. The two milks do not need to be mixed into the same cup. Please note, in this situation the center or day care home must provide all other required meal components in order for the meal to be reimbursable.

13. Are meals served to children 12 months and older reimbursable if they contain infant formula?

Yes, for a period of one month, when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of new food. Breastmilk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

Meals containing infant formula that are served to children 13 months and older are reimbursable when it is supported by a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement must explain the need for the substitution and must be kept on file by the center or day care home.

14. If a parent supplies an infant formula that is not iron-fortified ("low-iron"), would service of this product require a medical statement to be creditable towards a reimbursable infant meal?

Infant formulas that are not iron-fortified are generally not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be creditable towards a reimbursable meal if the substitution is supported by a medical statement. The medical statement must explain

the need for the substitution, indicate the recommended infant formula, and be signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file by the center or day care home.

15. *If a parent chooses to provide infant formula and pre-mixes it at home, how is the center or day care home supposed to know if it iron-fortified?**

If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and they choose to provide their own infant formula, it is the responsibility of the center or day care home to inform the parent or guardian that they must provide formula that is creditable (e.g. it is iron-fortified and is regulated by FDA). A center or day care home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that they will provide either breastmilk or an infant formula that is iron-fortified and is regulated by FDA. Or, a center or day care home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a Federal requirement.

16. *Can iron-fortified infant formula and iron-fortified infant cereal credit towards a reimbursable meal when they are used in a pancake or muffin recipe?**

When using iron-fortified infant formula and iron-fortified infant cereal for making pancakes, muffins, or other grain foods, the iron-fortified infant cereal in these types of recipes can credit toward a reimbursable meal. However, the iron-fortified infant formula cannot credit towards a reimbursable meal when used in these types of recipes. Iron-fortified infant formula is only creditable when it is served as a beverage.

III. SOLID FOODS

1. Can solid foods be served to infants younger than 6 months of age?

Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to accept them, even if the infant is younger than 6 months of age. A written note from a parent or guardian stating his or her infant should be served solid foods is recommended as a best practice, but is not required. Infants develop at different rates meaning some infants may be ready to consume solid foods before 6 months of age and others may be ready after 6 months of age. Centers and day care homes are required to serve solid foods once an infant is ready to accept them. In general, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy) by 7 to 8 months of age.

2. * If an infant is just starting to be introduced to solid foods, such as infant cereal, does the center or day care home have to serve that solid food at every meal where that component is required?**

It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid food only once per day. The infant does not need to be offered a solid food component that is part of every meal pattern until the infant has established tolerance for that solid food component.